

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 5, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-24-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CAPI PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☒ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: COVERSHEET FOR INTER-COUNTY TRANSFERS IN THE CASH
ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

REFERENCE: ALL-COUNTY LETTER NO. 99-87

This All-County Information Notice (ACIN) is being issued in response to a county request for a State-authorized coversheet to be used in processing Inter-County Transfers (ICT) of Cash Assistance Program for Immigrants (CAPI) cases.

BACKGROUND

When a CAPI recipient or applicant moves from one county to another, the ICT process (as outlined in All-County Letter No 99-87) should be initiated. Since CAPI is a statewide program, CAPI benefits should not be terminated for a recipient who moves within the state. Some counties designed their own coversheet to ensure that all required information is sent to the receiving county and to facilitate the transfer. It is important that the transferring county send all pertinent documentation to the the new, receiving county.

POLICY

When transferring a CAPI case to another county or consortium under the ICT guidelines, the transferring county must use the attached coversheet (or similar county form containing the same information) to ensure that all required information and documentation is delivered to the receiving county.

You can download additional copies of the attached form through the Department's website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_271.htm. Any questions regarding this ACIN should be directed to Marshall Browne, Program Analyst at (916) 229-4043.

Sincerely,

JOSEPH M. CARLIN
Acting Deputy Director
Disability and Adult Programs Division

Attachment

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)
NOTIFICATION OF INTER-COUNTY TRANSFER**

To: (Receiving County/Consortium)	Date:
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Transferring County/Consortium and Address:	Case Name:	
	SSN:	Sending Case No.:
	Spouse Name:	
Date Moved/Date Notified:	SSN:	Sending Case No.:
CAPI Discontinuance Date:	Participant's New Residence Address:	
Prior Living Arrangement: Independent <input type="checkbox"/> Shared <input type="checkbox"/> Living with Adult Child <input type="checkbox"/> Other <input type="checkbox"/>	Participant's Mailing Address (if different)	
Current Living Arrangement (after move), if known: Independent <input type="checkbox"/> Shared <input type="checkbox"/> Living with Adult Child <input type="checkbox"/> Other <input type="checkbox"/>	Participant's Phone Number:	
	Contact Person (if Different)	
	Relationship to Participant:	
	Phone:	

DOCUMENTATION SENT		OVERPAYMENT INFORMATION	
<input type="checkbox"/> SAWS 1	<input type="checkbox"/> DAPD Verification	Balance Owed	Adjustment
<input type="checkbox"/> IAR (SOC 451)	<input type="checkbox"/> Copy of whole file	\$	\$
<input type="checkbox"/> Latest Statement of Facts	<input type="checkbox"/> Sponsorship Verification		
<input type="checkbox"/> Redetermination Form	<input type="checkbox"/> Noncitizen status verification		
<input type="checkbox"/> State IAR (SOC 455)	<input type="checkbox"/> Other		

OTHER INCOME			
Name		Source	Amount
			\$
			\$
Transferring Worker Name	Worker #	Phone Number	Fax Number
Receiving Worker Name	Worker #	Phone Number	Fax Number

☐ Transfer Accepted

☐ Transfer Rejected: Reason: _____
